

Intake Form
Assistance Center

- Name: first_____, last _____ Time_____ Date_____
- Address within disaster area_____
- Current Address post disaster_____
- Mailing address: _____might be the same, might be different
- Email #1_____,
- Email #2_____
- Home Phone _____ Work Phone _____
- Cell Phone _____ Relative Phone_____
- Rent _____or own_____
- Type of Dwelling: Single Family____ Mobile Home____ Condo/Townhouse____ Apt____
- Other _____
- Damage: Destroyed ____ Major____ Minor____ Unknown____
- NO Insurance____ or Yes__: Type of Insurance____ Homeowners ____Renters ____Flood____
- Type of Business Insurance_____
- Name of Business_____

- Check the topics related to your most urgent concerns:

- o Food____,
- o Housing____,
- o Health____,
- o Medicines____,
- o Employment____,
- o Building/structure issues____,
- o Transportation____,
- o Financial assistance____,
- o Clean-up____,
- o Other: _____
- o (list)_____

